

THREE-YEAR PLAN FY 2005 - FY 2007

FY 2006 Update

Effective: July 1, 2005

Vermont State System of Care Plan for Developmental Services

Three-Year Plan FY 2005 – FY 2007

FY 2006 Update

For additional information, or to obtain copies of this report in this or other formats, contact:

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The FY 06 State System of Care Plan Update for Developmental Services replaces the following Chapters in the Three-Year Plan:

Chapter One – Fiscal Resources

Obsolete.

Chapter Five – FY 05 – FY 07 System Development

Please note updates to the system development issues contained in this chapter. The updates are in **bold print**.

Chapter Six – Funding Process and Guidelines

Replace the former Chapter Six in its entirety.

Chapter Seven – Applicant and Waiting Lists

Replace the former Chapter Seven in its entirety.

All of the remaining chapters remain in full force and effect. Please note that wherever Division of Developmental Services is referenced, the new name is the Division of Disability and Aging Services.

This document is an update to the Vermont State System of Care Plan for Developmental Services FY 2005 – FY 2007. This is the 2006 Update to the Plan; please replace the above chapters in your copy of the Three Year Plan. If you do not have a copy of the original Plan, please contact the address on the previous page, or visit the web site.



]	Life (Cycle	e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X	X	Agency of Human Services Reorganization	 Participate in the Agency of Huma Aging & Disabilities to implement cre children, youth and adults with disabil 		
X	X			Family Services – Personal Care/ High Tech Services	 Work to assume responsibility for Personal Care Services and High Tech Services effective 7/1/05; Done. Survey recipients; Done. Redesign program; In process. Explore service coordination access Eliminate. 	Determine if personal care services can be converted to a waiver to allow more flexibility for families Change to: Unify/ Coordinate Children Personal Care Services, Waiver Services and High Tech Services; begun in FY 05.	
X	X				 Work to create a smoother transition High Tech Services into adult services 	on from Personal Care Service and s. In progress.	
X	X	X		Respite Homes	The services and dealt services	Increase use of state respite homes by people who live with their families and who receive minimal or no support. Ahead of schedule, begun in FY 05; reestablished 4 th respite home in Lamoille County. Produced respite home pamphlet. Develop guidelines for use of respite homes.	

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]	Life (Cyclo	e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X		Respite Homes		• Work with agencies to increase regional respite home options.	
		X	X	Employment Supports	Identify resources and provide incentive for converting Community Supports to Employment Supports \$50,000 in Medicaid Infrastructure Grant funds for conversion identified to begin in FY06.		
		X	X			 Coordinate training and job devel Support workers to become Employer 	
	X	X	X		Improve statewide reporting of comparative employment data Preliminary work on an "employment report card," in process. New data system for employment programs under development.		A A
	X	X	X			 Work with Vocational Rehabilitation and Special Education Coordinators to develop a resource manual on employment 	

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	Life Cycle		e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
	X	X	X	Employment Supports	Work with Vocational Rehabilitation to develop forums/training for consumers and families Medicaid Infrastructure Grant Funds identified for GMSA to develop an Employment Toolkit to begin in FY 06.		
	X	X	X			 Work with Vocational Rehabilitation to explore alternative methods of employment; specifically helping people to go into business for themselves 	

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]	Life (Cycle	e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
	X			Transition Supports	Work with Vocational Rehabilitatic Coordinators to improve planning for to adult services. DDAS, VR, Dept. collaborated on statewide workshop planning. Workshops were held in Randolph 1-26-05. DDAS/VR formed who will present ongoing transitional statewide workshops on were presented by CSAC staff. Part to start a support group for families Transition toolkit - a manual on CD training module for educators, VR services.		
X	X	X	X	Service Coordination		 Evaluate the effectiveness of Ser ways to adjust the roles and responsi Coordinators to enhance quality supp 	bilities of Service
X	X	X	X	Intake	 Contact professional organizations to publicize the need of more qualified clinicians to do eligibility assessments. Not done. Continued into FY 06. 		
X	X	X	X		■ Develop a user-friendly informational booklet on eligibility and how to apply for services and funding. Postpone to FY 06 to incorporate changes from reorg.		

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	Life (Cycle	e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
		X	X	Community		Improve information on	
				Supports		consumer outcomes related to	
	T 7	T 7	T 7		To the state of	Community Supports	
	X	X	X		Facilitate exploration and		
					creation of continuing/higher education opportunities. Informal		
					efforts with our providers to		
					promote higher educ. [UVM and		
					Dept of Ed collaborating with		
					CCV to facilitate individuals with		
					cognitive disabilities accessing		
					classes.]		
		X	X	Home Supports	 Work with agencies and state and 		
					access to housing opportunities and Section 8 resources. Monitored		
					federal changes in HUD funding and impact on housing vouchers.		
		X	X		 Work with Licensing and Protection to eliminate licensing barriers to 		
					small (3-6 person) supported living models. Preliminary work		
			-		regarding respite situations started.		
		X	X		• Work with Department of Aging &	U 1	
					opportunities to pilot creative housing	alternatives. Not done. Continue in	to FY 06 & FY 07.

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	Life Cycle							
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007	
X	X	X	X	Crisis/Clinical Services	• Collaborate with Upper Valley Services to develop and administer a consumer survey of Vermont Crisis Intervention Network services. In procress.	 Analyze and distribute survey. Added. 		
X	X	X	X		Establish contact with Dept. of Psychiatry at Dartmouth Hitchcock Medical Center. Added. Completed.	• Facilitate collaboration and training with people who provide local, regional and statewide crisis supports to improve system-wide crisis network		
X	X	X	X			 Evaluate the need for additional systemic and/or local clinical resources. Begun in FY 05, ahead of schedule; developed data collection mechanism to collect crisis information. 		
	X	X	X	Communication Supports	• Work with Vermont Assistive Technology Project, Office of Vermont Health Access and ancillary service provider networks to improve access to qualified professionals (e.g., SLPs, OTs, PTs) Not done.			
	X	X	X	A.F. ***		on Task Force and agencies to facilita	te development of in-house	

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	Life Cycle		e					
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007	
	X	X	X	Communication		Explore alternative ways to		
				Supports		access Medicaid funding for		
						communication services		
X	X	X	X	Training	1	raining and develop and facilitate nee		
	T 7				statewide training opportunities of home providers and contracted workers. Not done.			
X	X	X	X		Provide training opportunities for consumers and families about issues of interest (e.g., rights,			
	T 7			0.00 1 1.1	funding, Agency of Human Services r	eorganization). Not done.		
	X	X	X	Offenders with	• Evaluate the need for increase in			
				Developmental Disabilities	number of staffed residential			
				Disabilities	situations. Done. Two new three			
					person group homes and one two- person staffed home opened.			
	X	X	X		 Implement crisis/respite home. 		Evaluate crisis/respite	
	Λ	Λ	A		Done. Crisis and respite services		home	
					are available 365 days per year.		nome	
X	X	X	X	Self/Family-		begin implementation for Supportive	Evaluate implementation	
1	7.	1	1	Management			of Supportive Intermediate	
				2,2	Intermediary Service Organization (ISO) for people who are self- or family-managing. (An ISO is an organization to help people self/family-			
					managing and home providers who are			
					employees). RFP process completed	- ·		
					Supportive ISO. Expected to begin			

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	Life Cycle		e					
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007	
	X	X	X	Self-Advocacy	Provide ongoing support to self-advocacy activities; explore use of Medicaid funding to enhance			
					sustainability of self-advocacy activiti		~ ~	
					through Real Choice Grant. Need to continue to explore funding via Medicaid.			
X	X	X	X	Transportation		Services transportation group and tran		
					with VTrans and explore creative way			
					Ongoing. AHS and DAIL transports	_	_	
					the administration of the Elders and	Persons with Disabilities (E&D) P	rogram.	
X	X	X	X		 Work with Department of Aging 			
					& Disabilities transportation			
					specialist to develop a resource			
					guide on transportation funding and			
					resource options			
					Done. Reissued memo outlining			
					transportation services funding			
					options. Included copy of the			
					current public transportation			
					guide published by the Vermont			
					Public Transportation			
					Association.			

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1	Life (Cycle	e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X	X	Transportation			 Work with providers to explore and develop creative alternative uses of waiver- funded transportation resources
X	X	X	X	System/ Administrative Issues	Examine system processes (e.g., in local level for areas of simplification as necessary. Not done.	ntake, funding, etc.) on the state and and streamlining; make adjustments	
X	X	X	X		 Simplify system for funding new caseload needs. All funding decisions made by centralized committees that include representation from the State, consumers/families and providers. 		
X	X	X	X		•	 Complete revision to Medicaid Procedures to clarify and simplify expectations 	
X	X	X	X		Participate in independent assessment of community provider system. Completed; resulted in administration recommendation for 7.5% increase/year for 3 years.		

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]	Life Cycle		e				
Young Children	Transition Age	Adults	Older Adults	Support Area	FY 2005	FY 2006	FY 2007
X	X	X	X	System/ Administrative Issues		• Strategic examination of future resources, demand and system expectations given financial climate. Added.	

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CHAPTER SIX - Funding Process & Guidelines

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CHAPTER SIX – FUNDING PROCESS & GUIDELINES

The legislatively mandated study of the designated provider system for developmental services, mental health and substance abuse resulted in a negotiated increase of 7.5% per year for three years (FY 06, FY 07, and FY 08). In FY 06 for developmental services, one-half of that increase (3.75%) is allocated for cost of living increases for the community system. This is intended to cover the increased costs of any salary or contracted worker increases, higher insurance and fuel expenses, annualization of FY 05 worker's compensation coverage, etc. The remaining 3.75% is allocated to increased caseload needs. A summary of the available caseload funding is provided below:

<u>Description</u>	GF	Total
FY 05 Caseload Annualization Fully Funded in Base FY 06 Budget	<u>\$760,629</u>	\$1,850,67 <u>9</u>
FY 06 Caseload Need		
Total needed for estimated 338 individuals 219 emergency caseload 23 public safety 96 high school graduates	\$3,922,214	\$9,543,100
Available		
3.75% increase in appropriation	\$1,245,456	\$3,030,307
Estimated Equity Fund	805,055	1,958,771
Balance from Flexible Family Funding Program after conversion to Medicaid under Global Commitment Conversion of state-funded services coordination to Medicaid	640,178	1,557,611 387,229
2.0% cut in existing Medicaid waiver services	159,151 750,000	1,824,818
2.0% cut in existing wedlead warver services		1,024,010
Total Available for Caseload	<u>\$3,599,840</u>	<u>\$8,758,736</u>
Difference	(\$322,374)	(\$784,364)
Other Funding Increases in FY 06 Cost of living increase @ 3.75% Funds needed to replace lost federal funds	\$1,441,855 \$1,446,857	\$3,508,163 \$0

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In order to prioritize the available resources, changes in the funding priorities specifically related to young adults graduating from high school need to be implemented in FY 06. Specifically, increasing numbers of individuals are leaving school at earlier ages, while at the same time the amount of new Medicaid waiver resources for adults with developmental disabilities cannot keep pace with the need. Therefore, implementation of an age requirement for certain funding priorities is necessary. Additionally, a waiting list for a limited number of individuals will be utilized, if necessary, as well as a reduction in the amount of available funding for "goods" will be implemented. **Effective July 1, 2005, goods funding is limited to \$1,000/person per year.**

Of additional importance is the impact of the reduced amount of federal financial participation (FFP) in the Medicaid program. The blended match rate of state funds needed is increasing from 39.58% in FY 05 to 41.10% in FY 06. This means that an additional \$1,446,857 in state general funds is required just to maintain FY 05 funding levels. The 7.5% agreement *does not* include this amount; it is added above the cost of living and caseload funding bringing the total new state general funds in the developmental services budget for FY 06 to approximately 12.7%. In FY 07 and FY 08, the 7.5% agreement may need to **include the changes in FFP, thereby significantly impacting the amount available for caseload.**

Given the nature of the three-year agreement, the continuing increased demand for new or increased services, and the combined changes in the state and federal resources available, those interested and concerned about the future of services for people with developmental disabilities will need to come together in facilitated dialogue to examine the principles upon which the community system is based, the ability to be true to the principles and the potential changes necessary to the system.

Also incorporated in this chapter is written guidance to individuals, families and providers about various funding issues. This is not an exhaustive listing of the various Medicaid rules and regulations, and should be used in concert with the State's approved Medicaid waiver and Medicaid procedures as well as any other interpretive memoranda, guidelines, policies, regulations, etc., issued by the Division.

Meeting the Service System's Standards

All funding decisions and any changes to individuals' current budgets are made first and foremost to assure funding is available to meet the funding priorities. Decisions to allocate funding or change any individual's budget must be consistent with the following:

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- The Developmental Disabilities Act of 1996 and corresponding regulations;
- Medicaid rules and regulations;
- Needs assessment performed during initial intake and periodic review;
- Individual Support Agreement Guidelines;
- Guidelines for Quality Services; and,
- All other guidelines, policies, rules and regulations of the Division.

Limited Funding

The Division is obligated to meet the needs of individuals eligible for services, within the appropriated funding received from the Legislature. No services may be authorized that exceed the fiscal year 2006 funding levels unless appropriate prior approval is received. It is, therefore, important that meeting personal and public safety needs are prioritized with all developmental services funding.

Existing Funding

Since the majority of all developmental services funding already exists within the base budgets of designated and specialized service agencies, the use and flexibility of these funds must be continually assessed. It is expected that annually each designated agency and specialized service agency will recalculate service/support costs and update individuals' budgets accordingly, respreading costs as appropriate. In FY 06 in order to meet the demands of emergency caseload needs, providers' allocations for existing consumers will be reduced by 2%.

Designated agencies and specialized service agencies are encouraged to provide services and supports identified in the Local System of Care Plans that may *prevent* the need for more costly services, if it will help alleviate the person's circumstance or can help prevent a circumstance that results in meeting funding priorities. The use of existing base caseload funds must:

- First meet needs related to personal health and safety and/or public safety.
- Be based on needs assessment/periodic review.
- Relate to a person's Individual Support Agreement; the services/supports must be something needed, wanted and valued by the person.
- Consider alternative funding sources and natural supports before using developmental services funding.
- Provide for built-in processes for the ongoing quality improvement of services.

- Provide for the reallocation of existing funding from all individuals (agency-managed; shared-managed and self- or family-managed) from services that are no longer needed or that cost less than anticipated to meet areas of critical need of other individuals.
- Be the most cost effective way to meet the person's need.

Existing funding also provides for changes in existing consumers' budgets to meet needs identified during the periodic review process. This means that changes within already funded areas of support are allowable and can be made without an updated needs assessment. However, decisions made to fund any new areas of support are made during the periodic review process and can only be changed if an updated needs assessment reveals a *serious* need in the area and the provider has addressed personal/public safety issues of the individual or others.

Existing Funding Reverts to the Equity Fund: All existing funding reverts to the Equity Fund when a person dies (except PASARR specialized services for people in nursing facilities), moves out-of-state, or makes a long-term move to an institutional placement (e.g., jail, nursing facility) or residential school. Existing funding also reverts to the Equity Fund when individuals become independent of or voluntarily leave Division-funded services.

Transfers to Other Providers: When an individual transfers from one provider to another, all funding except the following infrastructure is transferred to the new provider: regional/local and state crisis; regional/local and state respite homes; and Intermediary Service Organization costs.

Cost of Living Increase: The legislature provided a 3.75% cost of living increase targeted to workforce compensation issues (e.g., salaries, health insurance, contracted home provider payments, etc.) and provider operating expense increases (e.g., fuel, telephone, etc.). The annualization of worker's compensation insurance coverage begun in FY 05 also comes from the 3.75% cost of living increase.

Self- and Family-Managed Services: Beginning July 1, 2005, individuals and families who manage their own services will have the assistance of a Supportive Intermediary Service Organization (Supportive ISO). This organization will provide technical assistance to individuals and families regarding the roles and responsibilities associated with managing services according to state and federal rules, policies, guidelines and regulations. The Supportive ISO was developed and chosen in collaboration with families, individuals who receive services and providers.

Chapter 6 – Page 46 Effective: July 1, 2004 Update Effective: July 1, 2005 Development efforts were financed through a Real Choice Systems Change grant from the federal Centers for Medicare and Medicaid Services (CMS). Individuals' budgets will be transferred from current providers' Medicaid waiver allocations and the resulting cost of living increase and budget cut applied accordingly.

Access to New Caseload Funding

- *Funding Priorities:* Within the funds available, any individual whose life circumstances are described by the funding priorities has access to new caseload funding.
- **Dollar Threshold:** Individuals are eligible for new caseload funding if their needs as described in the funding priorities, exceed \$4,000 and the ability of the provider to use its existing base budget resources by reallocating among people already receiving services has been exhausted.

Limitations on the Use of All DDAS Funding

Division funds *cannot be used to increase the availability* of the following services:

- Enclaves (segregated work environments within an employer's worksite)
- Congregate residential settings in excess of 4 beds for adults (age 18 and over)

Division funds *cannot be used at all to fund* the following services/settings:

- Congregate (defined as 3 or more individuals) residential settings for children under 18 years old⁵;
- Institutional settings (e.g., nursing facilities, etc.) for providing "community supports" other than for people living, working or volunteering in the setting;
- Any residential schools/treatment centers, in-state or out-of-state institutional or congregate placements (e.g., out-of-state ICF/MR, nursing facility, public or private training centers or schools, etc.);
- Room and board paid for with Medicaid waiver funds; room and board includes permanent or temporary housing (e.g., rent, hotels, etc.) and meals; or,
- Sheltered workshops.

Existing group home for children with emotional, behavioral and/or developmental disabilities in Chittenden County is "grandfathered in". Exceptions may be made on a case-by-case basis with prior approval of the Division.

Role of the Division in Caseload Funding

The Division maintains an active role in the allocation and review of caseload funding. The Division will:

- Assist agencies to negotiate and facilitate arrangements for eligible individuals when the Department for Children and Families, local schools, Department of Corrections or other state agencies and/or out-of-state organizations are contributing payment for an individual's services through the waiver.
- Prepare budget recommendations for the Administration's review.
- Issue guidelines for any budgetary rescissions.
- Review funding requests for current and new recipients whose services cost in excess of \$100,000. Prior approval is required.
- Participate in the deliberations of the Equity Committee.
- Review requests for any out-of-home placements supported by developmental services funding for children under 18 years old. Prior approval is required.
- Administer special program allocations (Special Services Fund and Guardianship Services Fund) and joint funding with other state agencies (see Special Program Allocations).
- Manage the risk pool, with input from the Oversight Committee (made up of consumers, providers and Department staff).
- Assist in filling vacancies in the ICF/MR or group homes, as these residential supports are considered statewide resources.
- Resolve questions from new applicants, existing consumers, providers and others concerning who is the designated agency.
- Provide guidelines and technical assistance to agencies and local funding committees.

Guidance for Management of All Funding

The following guidance applies to Division funding as noted below:

Allocations:

- 1. All resources identified as "new caseload funding" must be used to address the needs of individuals as described in the funding priorities.
- 2. For up to one (1) calendar year after approval, any unused resources for individuals who do not receive all or a part of the package of services for which funding was allocated are returned to the New Caseload Fund, Equity Fund, PASARR Fund (for people in nursing facilities), High School Graduate Fund or Public Safety Fund, as appropriate.
- 3. Any newly allocated funding to meet a person's needs as identified in a funding priority must be used to meet those needs. For up to one (1) calendar year after approval, the appropriate funding source must be notified if the intended funded areas of support change.
- 4. If someone moves out of a group living situation or a person dies, that person's costs may be spread among the remaining people in the home for up to thirty (30) days without prior approval. Requests to extend the funding beyond thirty (30) days must be made to the Equity Committee and cannot extend beyond ninety (90) days in total.

Eligibility:

- 5. Individuals who are receiving Flexible Family Funding and then move to Medicaid waiver services are no longer eligible for Flexible Family Funding.
- 6. For a person who currently lives in another state, that state, or other source, may be willing to pay for bridge funding in Vermont for a period of at least one year. The Division may facilitate such an arrangement. When bridge money ends, the person needs to meet funding priorities in order to receive funding.
- 7. For a person who is currently receiving services in Vermont and plans to move to another state, Vermont may provide up to six months of bridge funding to the receiving state in order to facilitate the placement. The Division shall facilitate such an arrangement.

Administrative:

8. The allowable administrative rate for funding approved from the New Caseload Fund, Equity Fund, High School Graduate Fund, Public Safety Fund or PASARR Fund is limited to 5%.

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- 9. All services must be budgeted at the actual cost. Individuals who anticipate receiving services from a provider other than the designated agency (e.g., from a specialized services agency or via self- or family-management), should submit a budget to the designated agency. The designated agency will review the budget and submit the lesser of the two costs for funding consideration. If a decision is made within a calendar year from the date of the service implementation to move to a different provider or method of management, excess funding is returned to the appropriate caseload fund. By contrast, if the person decides to move to the designated agency for services, the designated agency may receive its costs to implement the same services originally funded.
- 10. Waiver services cannot be billed for the same individual at the same provider on the same day as clinic services, rehabilitation services or targeted case management. The waiver should include money to pay for appropriate mental health services if needed. However, mental health services provided by a private provider and billed directly to Medicaid should be pursued if feasible.
- 11. Infrastructure costs for services such as psychiatric and facilitated communication are charged to the individuals who use these services. Costs for broader-based services such as regional or statewide crisis, respite beds, fiscal Intermediary Service Organization(s), etc. are spread over all consumers' waivers.

Funding Limitations:

- 12. The maximum cost for service coordination managed through a designated or specialized service agency is \$46.79/hour; if actual costs are less than \$46.79/hour, the actual cost should be used. The maximum cost for service coordination for individuals self- or family-/guardian-managing is \$35.00/hour.
- 13. Goods funding is limited to \$1,000/person per year (see page 52).
- 14. Reasonable transportation expenses, including payments for accessible vehicles, should not exceed \$6,225/year (ongoing).
- 15.A person cannot receive funding from two waivers at the same time (e.g., Developmental Services' waiver and Mental Health Children's waiver, etc.). To determine which waiver is most appropriate, the individual should be evaluated by both to determine which is most appropriate. Then the person can make an informed decision about which waiver package can best meet his/her needs.
- 16.All State Plan Medicaid services must be explored and accessed before providing funding with a Medicaid waiver. This includes, but is not limited to:

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- personal care services, therapy, home health, durable medical equipment, nutrition, high technology and Medicaid transportation.
- 17. All relevant generic and community resources are evaluated prior to using new or existing caseload dollars for waiver services. This includes: Vocational Rehabilitation; Department of Employment and Training; Social Security (IRWE, PASS); schools; Family, Infant and Toddler Program; parent/child centers; Department for Children and Families; Planned Parenthood; etc.
- 18. Room and board costs cannot be funded under the waiver. Other sources of funding to assist with room and board costs are SSI, Section 8 subsidies, public assistance (e.g., fuel assistance program, general assistance, food stamps, etc.), local funding raising, etc.
- 19. Accessibility modifications that do not add to the value of the home can be paid for, when necessary, using existing, new caseload or one-time funds. For example, if a new bedroom is needed to allow the person to live in the home, the home provider should pay for the addition of the bedroom. However, any additional cost to make that bedroom accessible could be paid for with caseload dollars. The costs of ramps, widening doorways, accessibility modifications to bathrooms are examples of appropriate costs to reimburse.
- 20. New caseload funding for community supports and work supports is limited to individuals aged 19 and older.
- 21. Developmental or shared living homes must meet the housing safety and accessibility guidelines for the consumer. The home provider, or applicable landlord, is responsible for all costs to be in compliance with the guidelines.

Individualized Budgets and Authorized Funding Limits

All individuals with Medicaid waiver funding have an individualized budget and must be given an Authorized Funding Limit. The Authorized Funding Limit contains separate limits for "goods" and "services". In both cases, the funding limits need to be reflective of the funded areas of support documented in the person's needs assessment and the Individual Support Agreement and must be an allowable Medicaid expense.

Examples of "Goods" include assistive technology, home modifications, membership fees, tuition, art lessons, therapeutic horseback riding, etc. Goods must be an allowable Medicaid expense, relate to meeting goals outlined in the ISA, and included in a funded area of support. Goods are further described below:

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Funding Limit	Allowable Service Categories	Comments
Goods Funding Limit	 Community Supports Employment Services Housing & Home Supports Transportation 	 Maximum of \$1,000 Must be consistent with the Individual Support Agreement and funded areas of support Is not used for employee or contractor salary or expenses The \$1,000 limit does not apply to accessible transportation expense which has a maximum of \$6,225/year. The \$1,000 limit does not apply to home modifications for physical accessibility, which are individually determined.

Additional guidance is provided on the following two pages regarding the ability of individuals and teams to move funds within individualized budgets, as well as responsibilities if an individual overspends his/her waiver budget.

MOVING FUNDS IN INDIVIDUALIZED BUDGETS

Applies to ALL Self-Managed / Family-Managed / Shared Managed/ Agency-Managed Services and Supports

Moving funds between funded areas of support is allowable. A move to an unfunded area is allowable if a new needs assessment reveals a serious need in that area. Only individuals and/or their guardians and the agency may make decisions to move funds between funded areas. Home providers or other employers may not move funds. Moving funds requires a team decision. In all cases the DA/SSA or Supportive ISO must be notified of the decision. Moving funds must comply with the DS State System of Care Plan.

Applies to Self-Managed and Family-Managed Services

The individual/family:

- makes the decision to move funds within funded areas of support with his/her team
- notifies the Supportive ISO prior to implementing any change
- is responsible for any overspending in the funded areas of support/authorized funding limits
- must personally pay their employee(s) or other bills if the overall authorized funding limit is exceeded

The Supportive ISO:

- may or may not be part of the team
- notifies the Fiscal ISO of any changes in the budget/authorized funding limits
- may determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:

- will enforce the limits on funded areas of support/authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Shared Manage d Services

The individual/family:

- with the agency, discuss moving funds; come to agreement prior to moving the funds between funded areas of support and before implementing any change
- is responsible for any overspending in the funded areas for those services that they manage

The DA/SSA:

- notifies the Fiscal ISO of any changes in the budget
- is responsible for any overspending in the funded areas it manages
- may determine the individual/ family cannot manage services if overspending is repeated

The Fiscal ISO:

- will enforce the limits on funded areas of support and the authorized funding limits
- will not pay the employee(s) or bills if overall authorized funding limit is exceeded

Applies to Agency-Managed Services

The individual/family:

 is involved in the team decision about moving funds between funded areas of support

The DA/SSA:

- manages the individualized budget and is responsible for any overspending in funded areas of support/ authorized funding limits.
- does not use the Fiscal ISO for their employees

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OVERSPENDING IN FUNDED AREAS OF SUPPORT AND AUTHORIZED FUNDING LIMITS

Applies to Self-Managed / Family-Managed and Shared Managed Services and Supports

If an individual or family exceeds the money available in a funded area of support, but there are still funds in another funded area of support, the Fiscal ISO will pay the worker *for that payroll period only*. The Fiscal ISO will not continue to pay workers after they have notified the individual or family and the DA/SSA or Supportive ISO of the overspending, unless directed by the DA/SSA or Supportive ISO. The team must address the issue before the next payroll period. The DA/SSA or Supportive ISO must notify the Fiscal ISO of any changes in the budget before the next payroll period. Otherwise, timesheet and Requests for Goods Payments will not be processed by the Fiscal ISO. Also, the Fiscal ISO will not process timesheets or Requests for Goods Payments that exceed the overall authorized funding limits for goods and services.



Applies to Self-Managed and Family-Managed Services

The individual/family:

- is notified of the overspending by the Fiscal ISO and the team decides how to address the issue
- notifies the Supportive ISO how they addressed the issue and the changes to existing funded areas of support
- is responsible for personally paying his/her employee and other bills if the overall authorized funding limit is exceeded

The Supportive ISO:

- discusses how the issue will be addressed with the individual or family. The Supportive ISO may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for any overspending caused by the individual or family
- may determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:

- enforces spending limits in each funded area of support
- notifies the individual or family <u>and</u> the Supportive ISO of any overspending in funded areas of support
- pays the worker <u>if</u> there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

Applies to Shared Managed Services

The individua l/family:

- is notified of the overspending by the Fiscal ISO
- the team decides how to address the issue and whether any money can be shifted between funded areas of support
- is responsible for the services he/she manages
- is personally responsible for paying his/her employee and other bills if funding cannot be moved or if overall authorized funding limit is exceeded

The DA/SSA:

- discusses how the issue will be addressed with the individual or family. DA/SSA may make contact if the individual or family does not contact them.
- notifies the Fiscal ISO of the new changes in the funded areas of support
- is not responsible for overspending by the individual or family
- is responsible for any overspending in the areas it manages
- may determine the individual or family cannot manage services if overspending is repeated

The Fiscal ISO:

- enforces spending limits in each funded area of support
- notifies the individual or family <u>and</u> the DA/SSA of any overspending in funded areas of support
- pays the worker <u>if</u> there are unspent funds in another funded area of support
- will not pay the worker if the overall authorized funding limit is exceeded

Funding Priorities

The role of the developmental services system is to support individuals and families in their communities – not to substitute or replace them. With that in mind, the following criteria must be met <u>before</u> accessing developmental services waiver funds:

- Community and family resources must be used to the fullest extent possible.
- Alternative funding must be unavailable or insufficient; waiver funding may be used only for services that cannot be funded through other private or public means or as a Medicaid State Plan service.
- Waiver funding may not duplicate or substitute for services and supports that are the responsibility of other support systems [e.g., education; Early Periodic Screening, Diagnosis & Treatment (EPSDT); medical health insurance, etc.].
- Funding requests must be more than \$4,000, unless otherwise noted.
- The <u>requested uses of funding must be consistent with the Principles of the DD Act</u> <u>of 1996</u> and must comply with all applicable rules, regulations and guidelines of the state and federal government.

Funding priorities focus on a person's circumstances and translate to the need for supports that address fundamental health and safety, security, legally mandated services and community safety. Funding priorities are of equal value. An individual may have needs in more than one priority area. Within the resources appropriated by the legislature and those available from the Equity Fund and through review of funding changes for existing consumers, it is the goal of the developmental services system to assist eligible people who have a need for support brought about by the following circumstances (see the following page) to have those needs met.

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FUNDING PRIORITIES

	Age	Priority	Approval	Comments
A.	Children &	Support needed by families to assist them	Eligibility & support level	Entitled Medicaid state
	Youth under	with personal care tasks as defined in the	determined via Personal	plan service for eligible
	age 21	Personal Care Program	Care Program process	children & youth
B.	Children &	Support for respite and items through	Determined by the	Sliding service scale in
	Adults	Flexible Family Funding that will help the	designated agency; does	Flexible Family Funding
		biological or adopted family or legal	not need to go through	Guidelines; maximum
		guardian support the person at home	local funding committee	\$1,122/person; effective
				07/01/05 requires
	CI II 0		D : 11 1 1	Medicaid eligibility
C.	Children & Adults	Support needed to prevent or end institutionalization in inpatient public or	Reviewed by local funding committee	Money from PASARR Fund is approved by
	Addits	private psychiatric hospitals or nursing	& forwarded to	PASARR manager;
		facilities or end institutionalization in	Equity Committee	legally mandated
		Intermediate Care Facilities for People with	Equity Committee	legariy mandated
		Mental Retardation (ICF/MR)		
D.	Adults	Support needed to prevent or respond to an	Reviewed by local	
	18 & over	adult being abused, neglected or exploited	funding committee	
			& forwarded to	
	A 1 1		Equity Committee	
E.	Adults	Support needed by an adult to prevent	Reviewed by local	
	19 & over	an imminent risk to the person's health or safety	funding committee & forwarded to	
		or sarcty	Equity Committee	
F.	Adults	Support needed for parents with	Reviewed by local	Services may not
	18 & over	developmental disabilities to provide	funding committee	substitute for regular role
		training in parenting skills to help keep a	& forwarded to	& expenses of parenting;
		child under 18 at home.	Equity Committee	maximum amount of
				\$5,000/ year
G.	Adults	Support needed to respond to an adult	Reviewed by local	
	18 & over	who is homeless or at imminent risk of	funding committee & forwarded to	
		being homeless	Equity Committee	
Н.	Adults	Support needed by an adult who is	Reviewed by local	
11.	18 & over	experiencing the death or loss of an unpaid	funding committee	
		or minimally paid (e.g., residential care	& forwarded to	
		home) caregiver	Equity Committee	
I.	Adults	Support needed for specialized services in a	PASARR fund manager	Limited to 5 hours per
	18 & over	nursing facility	D : 11 : 1	week; legally mandated
J.	Adults	Support needed for a high school graduate	Reviewed by local	Maximum of 25
	19 & over	to maintain an employer-paid job	funding committee & forwarded to	hours/week
			Equity Committee	
K.	Adults	Support needed by an adult who has been	Reviewed by local	Services may be
	18 & over	committed to the custody of the Department	funding committee &	legally mandated
		of Disabilities, Aging & Independent	forwarded to Public Safety	
		Living pursuant to Act 248	Funding Committee	
L.	Adults	Support needed to prevent an adult who	Reviewed by local	Does not substitute/
	18 & over	poses a risk to public safety from	funding committee &	replace DOC supervision;
		endangering others	forwarded to Public Safety	see add'l. requirements
			Funding Committee	under Public Safety Fund

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Outlined below are the various funding committees and their respective roles and responsibilities.

Funding Committee	Decision-making Authority
Local Funding Committees	One Time Funding
	Also reviews requests for Equity and
	Public Safety Funding
Equity Committee	New Caseload Fund
	Equity Fund
	High School Graduate Fund
	One-time Funding
	Employment Conversion Initiative
Public Safety Committee	Public Safety Fund
Division of Disability & Aging Services	Special Services Fund
	Public Guardianship Fund
	Joint Funding
	PASARR Funding

Local Funding Committees

Each designated agency must maintain a local funding committee that meets at least monthly and is comprised of relevant individuals that may include staff, individuals with developmental disabilities and their families, individuals representing local community resources (e.g., Vocational Rehabilitation, schools, etc.), and other interested citizens.

The local committee will review applications for funding for the various caseload resources submitted on behalf of individuals with developmental disabilities for its county(ies). The committee will:

- 1. Confirm that the person meets Division eligibility criteria;
- 2. Determine whether the person's needs meet a funding priority; and,
- 3. Determine if the supports and services described are relevant to the needs and funding priority and the most cost effective means of providing the service consistent with the need.

If the committee determines that all criteria are met, the proposal is submitted to either the Equity Committee or Public Safety Funding Committee, as appropriate, for funding consideration.

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Equity Committee

The Equity Committee will manage the New Caseload Fund, Equity Fund and High School Graduate Fund. The Equity Committee is comprised of the following members:

#	Representation	Selected by
5	Designated Agency and/or	Designated Agency &
	Specialized Service Agency	Specialized Service Agency
2	Consumer or Family	Designated Agency &/or
		Specialized Service Agency &
		Division of Disability and Aging
		Services
2	Division of Disability and Aging	Division of Disability and Aging
	Services	Services

All Committee members (except the Division of Disability and Aging Services representatives) will serve on a rotating two year term, initially staggered from 2-3 years so that a balance of experienced and new members can be maintained. Alternates may be appointed to participate for Committee members in their absence. The Committee will select a chairperson from its membership.

Any conflicts of interest of Equity Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Equity Committee.

Committee meetings will be held at least monthly with provisions for emergency decisions as necessary between regularly scheduled meetings. The Committee will use the standard application for funding format provided by the Division. Decisions of the Equity Committee will be made, in writing, to the provider as soon as practical following the Committee meetings.

Public Safety Funding Committee

The Public Safety Funding Committee will review all referrals for funding from the Public Safety Fund. Local funding committees must review requests for public

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safety funding prior to submission to the Public Safety Funding Committee. The Committee will be comprised of the following members:

#	Representation	Selected by
2	Designated Agency and/or	Designated Agency &
	Specialized Service Agency	Specialized Service Agency
1	Division of Disability and Aging	Division of Disability and Aging
	Services	Services
		(i.e., staff member with responsibility for statewide offender services)
2	Other interested individuals/groups	Division of Disability and Aging
	(e.g., consumer/family member; Sex	Services
	Offender Group, Department of	
	Corrections, sex offender professionals)	

Any conflicts of interest of Public Safety Funding Committee members will be acknowledged and accommodated (e.g., refrain from voting on requests for funding where a conflict exists; sharing only relevant information, etc.). Other non-voting individuals may be invited to participate or mentor with committee members as determined by the Public Safety Funding Committee. The Committee will select a chairperson from its membership.

Committee meetings will be scheduled and held as needed, with provisions for emergency decisions as necessary between meetings. The Committee will use the standard application for funding format provided by the Division. The Division of Disability and Aging Services will provide financial and administrative services to the Public Safety Funding Committee. Decisions of the Public Safety Funding Committee will be made, in writing, to the provider as soon as practical following Committee meetings.

New Caseload Fund

The New Caseload Fund is comprised of funding allocated by the Legislature to meet the needs of individuals whose circumstances are described in the funding priorities and will be managed by the Equity Committee.

FY 2006 Appropriated Amount Including Medicaid FY 2006 General Fund

\$3,030,307

\$1,245,456

Equity Fund

The Equity Fund is a statewide resource that contains funding returned because a person has died, gone into an institution, left the state or not used funding granted during the year from the Equity Fund. The Equity Fund supplements the New Caseload Fund when those resources are insufficient to meet funding priorities. The purpose of the Equity Fund is to assure that funding already appropriated, but no longer needed, is reassigned to individuals who meet the funding priorities. The Equity Committee will manage the Equity Fund.

FY 2006 Estimated Total Value of the Equity Fund FY 2006 Estimated General Fund

\$1,958,771 \$805,055

Public Safety Fund

The Legislature appropriated funding to specifically address public safety issues posed by adults with developmental disabilities. It is not a priority to use new or existing caseload funds to prevent a person who has been convicted of a crime from going to jail or to prevent charges from being filed. All funding for public safety needs that meet the criteria noted below shall first come from the public safety fund. If targeted public safety funding is insufficient for individuals who meet the criteria below, the individual may have access to the New Caseload Fund or the Equity Fund, depending on the funding availability.

FY 2006 Appropriated Amount Including Medicaid FY 2006 General Fund

\$952,153 \$391,335

People currently receiving services – risk must be newly identified and fall into any of the categories listed below.

New applicants – risk identified at application and must fall into any of the categories listed below.

MEETS AT LEAST ONE OF THE FOLLOWING:

- Committed to the Department under Act 248 or under an order of non-hospitalization because of being dangerous to others; **OR**
- Convicted of a crime and has maxed out of sentence and there is evidence that the individual poses a risk of endangering others in the future; OR
- Substantiated by the Department of Disabilities, Aging and Independent Living or the Department for Children and Families for abuse, neglect, or exploitation, and

- there is evidence that the individual poses a risk of endangering others in the future; \mathbf{OR}
- In the custody of the Department for Children and Families (DCF) for an act that would have been a crime if committed by an adult, and who is now aging out of DCF custody and there is evidence that the individual poses a risk of endangering others in the future: **OR**
- Not charged with or convicted of a crime, but the individual is known to have committed one or more acts which are dangerous to others and which are against the law in Vermont, and there is evidence that the individual poses a risk of endangering others in the future; **OR**
- Convicted of a crime and under supervision of the Department of Corrections (probation, parole, pre-approved furlough, conditional re-entry). The Department of Corrections is actively taking responsibility for supervision for community safety, and the developmental service agency is providing supports because of the person's developmental disability. *Note: offense-related specialized support needs cannot be funded for a person who is still under a sentence and is under supervision of the Department of Corrections.*

Individuals Not Eligible: The following individuals are not eligible for public safety funding:

- Individuals *believed* to pose a risk of dangerousness to others, but who have not committed an act that is a crime in Vermont.
- Individuals who have committed an offense in the past, but whose proposed services do not reflect any offense-related specialized support needs or who do not pose a risk of endangering others in the future.
- Individuals who have been charged with a crime, but whose case is still pending in the courts.

High School Graduate Fund

High school graduate funding is provided to individuals aged 19 and older who exit high school during the year and who need support to maintain an employer-paid job or have a compelling rationale to meet another funding priority. Funding to serve approximately 67 individuals is budgeted. If targeted graduate funding is insufficient for individuals who otherwise meet the funding priorities, the individual has access to the New Caseload Fund or the Equity Fund. High School Graduate Funding will be managed by the Equity Committee.

One-time Funding

When caseload funding is approved, the general fund amount needed to support a full year of services is committed. This assures that funds to pay for a full year of services are built into the base budget. The balance of the general fund allocation that is not needed for supporting the person in that first year creates resources known as one-time funding. One time funding is created through four funds:

- 1. New Caseload Fund;
- 2. Equity Fund;
- 3. High School Graduate Fund; and,
- 4. Public Safety Fund.

One-time Funding is used for temporary or short-term expenditures (it may not be used for ongoing needs) that directly assist people with disabilities and their families. This funding is available both to people already receiving services and to new applicants. These funds are maintained at the Division and distributed to Local Funding Committees when available for use by providers according to the Appropriate Uses of One-time Funds (see below). Requests for One-time Funding are limited to a maximum of \$2,500, except for home modifications for physical accessibility, which are limited to \$5,000. If there is a balance of one-time funds at the end of the fiscal year, it may be equally distributed to designated and specialized service agencies.

Appropriate Uses for One-time Funds:

- One-time allocations to address personal or public safety issues for individuals with developmental disabilities.
- One-time allocations of Flexible Family Funding to people with disabilities and families in need.
- Short-term increases in supports to a person already receiving services to resolve or prevent a crisis.
- Assistive technology (e.g., adaptive equipment, home modifications to make the person's home physically accessible) and other special supports and services not covered under the Medicaid State Plan.
- Supports that may not meet Funding Priorities but are proactive and short term in nature.

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- Transitional support to assist an adult to become independent of Division-funded services.
- Small grants to self-advocates, families and others for innovative programs; plans; or training that promote the principles of services as stated in the Developmental Disabilities Act of 1996.

Special Allocations

Employment Conversion Initiative – An amount equal to \$50,000 is allocated for additional support needed to maintain an employer-paid job for individuals who have transferred an amount equal to at least 85% of his/her existing community supports funding to work supports. The maximum amount available for each person is \$5,000 and funding decisions will be made by the Equity Committee.

Division Administered Funds – The Division administers two small funds that cover dental services, adaptive equipment and other ancillary services not covered by Medicaid and unanticipated services for individuals receiving public guardianship but not served by designated agencies or specialized service agencies. Funds for FY 2006 are allocated as follows:

Special Services Fund

\$30,000

Guardianship Services Fund

\$19,000

Joint Funding – Joint funding arrangements for Medicaid waiver and targeted case management involving other state agencies (e.g., Department for Children and Families, Department of Corrections, Division of Mental Health, etc.) and/or out-of-state organizations, must involve the Division of Disability and Aging Services in negotiation and receipt of funds. Providers may contract directly with local schools to provide services that are not funded through the Medicaid waiver or targeted case management. However, any current service arrangements involving local schools and the use of the Medicaid waiver that have not expired, continue to require involvement and approval of the Division.

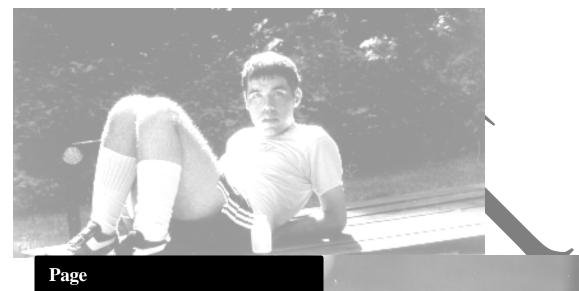
Pre-Admission Screening & Resident Review (PASARR) Funding – Individuals who live in nursing facilities who need specialized services are funded under Nursing Home Day Rehabilitation and prior authorized on an individual basis by the Division. New applicants are limited to five (5) hours per week. Existing consumers' allocations are reviewed on an annual basis by the Division. Funding for specialized services will be allocated from the revolving PASARR fund. If the PASARR Fund is

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depleted and the Division is legally mandated to provide a service, then funds will be allocated through the New Caseload or Equity Funds.

If a person who had waiver funding moves to a nursing facility and needs specialized services, a portion of his or her waiver money is converted to Nursing Home Day Rehabilitation funding to pay for specialized services. If a person needs specialized services and is not supported under the waiver, funding comes from the revolving PASARR Fund and is limited to 5 hours per week for a new referral. If a consumer dies or stops receiving specialized services, the funds are added back to the revolving PASARR Fund or may be allocated to the Equity Fund if there are sufficient resources to cover current and anticipated PASARR needs. If a person receiving specialized services moves out of a nursing facility, his or her specialized services funding is converted to waiver funding to support the community-based services. The balance of the waiver costs for a person moving from a nursing facility to a community placement comes from the New Caseload or Equity Funds.



Applicant List Waiting List 65

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CHAPTER SEVEN – APPLICANT & WAITING LISTS

Applicant List

Each designated agency and specialized service agency maintains an applicant list of:

- All people (new and existing for designated agencies; existing for specialized service agencies) who are eligible for services based on their disability, but whose needs do not meet the *System of Care Plan's* funding priorities. These individuals are periodically reviewed at least annually to see if their needs have changed resulting in meeting a funding priority.
- All high school graduates who do not meet the age requirements contained in the funding priorities; this should be noted in the comments section.

Waiting List

Each designated agency maintains a waiting list of:

• All people (new and existing) who have needs that meet the funding priorities but for whom there are insufficient funds either through legislatively appropriated caseload funding or reallocation of existing resources.

Individuals who meet the following funding priorities shall receive funding to meet their related need and should not be placed on the waiting list for that service area:

- People at imminent risk of homelessness;
- People experiencing an imminent risk to their health or safety; and,
- People who pose a serious risk to public safety.

This means, however, that support needed to address the above areas may be provided, but a *comprehensive* array of supports might not be funded.

The waiting list will be reviewed by designated agencies on a quarterly basis to see if anyone on the waiting list has had a change in their situation to qualify them to be funded based on the three funding priorities listed above. If funding is available from any of the caseload funds, individuals on the waiting list will receive services based on the date they were placed on the list. Individuals waiting the longest will receive funding first.